

Medicare Eligibility

- Disabled persons who have been entitled to Social Security or Railroad Retirement Act disability benefits for 24 months are eligible for Medicare coverage in the 25th month. To learn more about how to apply for Social Security benefits, call 1-800-772-1213 (for hearing-impaired, TTY: 1-800-325-0778) or visit their web page at www.ssa.gov.
- End Stage Renal Disease (ESRD): Persons who have permanent kidney failure, need regular dialysis, or have had a kidney transplant and are receiving Social Security benefits, are eligible for Medicare.
- Lou Gehrig's Disease (ALS): Effective July 1, 2001, eligible for Medicare immediately.

Medicare Plan Options

1) Medicare Benefits and Employer Plans

If you are on Medicare by reason of disability and either you or your spouse is covered by a large group health plan

(sponsored by an employer/employee organization of 100+ workers), the employer plan will provide your primary coverage and Medicare will be secondary. You may not need Medicare Part B. If you are *not* covered by such a plan, Medicare will be primary.

Medicare is a major medical plan that provides a basic foundation of benefits. However, it does not pay 100% of all medical bills. Medicare beneficiaries are responsible for premiums, deductibles, and coinsurance. These amounts can be significant. Because of these costs, most beneficiaries want some kind of plan, policy or program to fill in the "gaps."

Options are available to disabled beneficiaries in Idaho who want to supplement their Medicare coverage.

2) QMB/SLMB

There are government programs in addition to Medicaid that help people with limited income and resources pay their Medicare costs.

- QMB (Qualified Medicare Beneficiary) pays your monthly Medicare Part B premium (\$58.70 in 2003) and

all of your deductibles and coinsurance.

- SLMB (Specified Low-Income Medicare Beneficiary) pays your monthly Medicare Part B premium only.

To be eligible for these programs, your resources must be less than \$4,000 for an individual and \$6,000 for a couple. (Resources do *not* include your home, your car or your household belongings).

Contact your local Department of Health and Welfare to find out more.

3) Medicare+Choice Plans

- Medicare Managed Care/HMO plans if they are available in your area will enroll Medicare beneficiaries who are under 65. There are no waiting periods for pre-existing conditions, and the plan *must* enroll you *unless* you have ESRD.

Generally speaking, the only cost to you is a monthly premium and co-payments for some services.

Remember that you can *only* see those providers who are within the

plan's network, and generally your primary care physician (PCP) must provide authorization before you can see a specialist or go to the hospital.

- A Medicare private fee-for-service plan is available throughout Idaho.

You continue to pay Part B premiums to Medicare, and you also pay a premium directly to the insurance company for the plan.

Private fee-for-service will cover all Medicare-covered care from any provider that accepts the terms and conditions of the plan. The plan offers freedom to choose doctors and hospitals, see specialists without referral, and move or travel without losing coverage. Out-of-pocket expenses can be significant. It is not available to ESRD (End-Stage Renal Disease) patients.

4) At Age 65

Under federal law, you are guaranteed the medigap (10 standard Medicare supplement plans) plan of your choice

when you reach age 65. This applies to the first 6 months after you turn 65.

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SHIBA

Senior Health Insurance Benefits Advisors

Sponsored by the
Idaho Department of Insurance

Disabled, Under 65

Information for Medicare Beneficiaries



**FREE Information, Counseling
and Assistance**